								•							
	N	IULTIP	LE DEI	ENDE	SERIAL	NO.			· .						
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								1		•		FILING	ATE.		
									<u> 155</u>	5	02	1	•		
(FOR USE WITH FORM PTO-875)									0 / 55 5 1 0 2 APPLICANT(S)						
							CLAII	MS	<u> </u>						
	2.4	FILED	AF	TER ·	AF	TER	T	1	<del></del>		•				
	120 1 1000		I AME	I"AMENDMENT .		2 MAMENDMENT		1 1		AS FILED		AFTER		AFTER	
	IND	. DEP.	IND.	DEP.	IND.	DEP.	1	. ,			1 AME	NDMENT	3 MAMENDMENT.		
1				1		DEI.	1		IND.	DEP.	IND.	DEP.	IND.	DEP.	
2			>			1	1	51 52		<del> </del>				-	
3						1	1	53	<del></del>	<del> </del>	<b></b>			1	
5	<del></del>		pton.	ļ			]	54	<del>                                     </del>	<b> </b>					
6			<del> </del>		<b>!</b> -	<u> </u>	1	55						<del> </del>	
7			1	<del></del>	l		1	56						1	
8							1	57 58						1	
9							·	59	<del> </del>						
10								60							
12	<del> </del>	<del> </del>	<b> </b>					61					··		
13			1					62							
14							. •,	63 64	<del>  </del>						
15 16	<del> </del>	<del> </del>						65	<del>                                     </del>						
17	<del> </del>	<del> </del>	[ <u> </u>					66							
18		1.						67							
19								68 <sup>-</sup>	<u> </u>						
20 21	<del> </del>	<del> </del>						70			· -				
22	<del> </del>	<del>  </del>					į	71							
23			-					72 73							
24	<b> </b>							74							
25 26	<del> </del>							_ 75						:	
27		-					1	76							
28							· ł	77 78				·			
<u>29</u> 30							į	79			-	<del>  </del> -			
31								80							
32							ŀ	81 82				- 1			
33							. 1	83							
34 35		<b>-</b> -						84				<del>]</del>	<u> </u> -		
36								85							
37						·	ŀ	86 87		<del></del>  -			:		
38 39.							- 1	88		<u> </u> -		-			
40								89.							
41				<del> </del> -		·	-	90							
42							. <b> </b> -	91 92		<del></del>	-				
43 44							ŀ	93	<del> </del>						
45		<b></b>			·			94						<del></del>	
46	· · ·		<del></del>					95							
47				—— <del> </del> -			·  -	96 97	·						
48							· -	98	<del></del>		<del></del>		<del></del>	<del></del>	
<u>49</u> _50								99							
				<del></del> - -			Ļ	100							
TOTAL IND.	_2	4		4		₩.	T	OTAL IND.		4	7.	1	. ]	4	
TOTAL DEP	1	<b>◆</b> ■		<b>(=</b> [	-	far I	<u></u>	OTAL DEP		_  -	1 **1	<u>`</u>		Z	
TOTAL CLAIMS	3		极		TR		` <b> </b> -	TOTAL			110			- A	
	· · · · · · · · · · · · · · · · · · ·		18	NAME OF THE OWNER, OF THE OWNER,			L	CLAIÑES							
PTO - 1360	(REV. 11/04)								U.S. Face	DEPARTME	NF of COMAI	ERCE		İ	
	•,						<del></del>							لــــــــــــــــــــــــــــــــــــــ	